

Corrected sheet

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <i>11/018390</i>	FILED DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP		
1							31	
2							32	
3							33	
4							34	
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49								
50								
TOTAL IND.							TOTAL IND.	
TOTAL DEP.							TOTAL DEP.	
TOTAL CLAIMS							TOTAL CLAIMS	